

Applicable Employee Commute Survey

Employee's Daily Commute.

Do you:

Work 17 hours or more per week for 20 weeks or more per year

☐ Yes

☐ No

Begin and end each workday between 6:00 am and 8:00 pm

☐ Yes

☐ No

Use your car for work purposes (not commuting) less than five times per month

☐ Yes

☐ No

If you meet all of the above criteria, please complete the following section.

Home-to-work commute trips

During a typical 5-day workweek, indicate how you typically commute from home-to-work during the period of _____ to _____. For example, if you typically drive to work alone during your work week, enter "5" for the Drive Alone commute mode. If you take more than one mode of transportation to work each day, only count the mode taken for the longest distance during your commute to work.

Commute Mode	# trips during typical 5-day workweek
Drive Alone	
Carpool (2-6 commuters)	
Vanpool (7+ commuters)	
Public Transit	
Bicycle	
Walk	
Telecommute	
Flextime Day Off	
Other ¹	
Out of Office ²	
Total week's trips (max 5)	

¹Includes other commuting modes not listed here, such as motorcycle.

²Includes time "out-of-office" due to vacation, sick, jury duty, off-site meeting, scheduled day off, etc.

Commute Background Information. Please provide the following information regarding your commute to work:

- What other commute options are of interest to you?
☐carpool ☐vanpool ☐bicycle ☐public transit ☐walk to work ☐other _____
- What improvements would you like to see in public transit that would encourage you to commute more frequently by public transit (e.g. availability of nearby public transit, on-site purchase of transit passes, improved schedules)?

- What can this facility do to encourage you to take other alternative forms of transportation (e.g., carpool, vanpool, bicycle, walk)?

- Optional: What city/town do you commute from? _____

Employee Name:_____ Contact Telephone No:_____ Date:_____

Thank you for responding to this survey.